

"Read my lips. No new taxes," he was speaking to the large majority of Americans. Americans do not want more of their earnings confiscated by politicians to finance new welfare programs. Jesse Jackson, George McGovern, and Michael Dukakis learned this through the democratic process.

A national health program as proposed by Dr Waitzkin would quickly expand. New bureaus would be set up to enforce government mandates. Overutilization and long waits for care would evolve. Mediocrity would be encouraged. The "smarter bears" would seek other fields. We would in fact move into a level of care akin to socialist countries.

A national health program would be run by bureaucrats. Bureaucrats do not answer to the people directly (witness the excesses of the directors of the FBI, CIA, IRS, etc.). The people would lose a considerable measure of freedom. A national health program would probably demand that all levels of medical care be equal. Medical care would be on the "everyone is entitled to a Mercedes" concept. What would really happen (as has happened in England) is that nobody would get Mercedes care and most of the time everyone would get Hyundai or Volkswagen care (after long waits). An alternative system is herewith proposed: Proliferate the Public Health Hospital System, which served well on Indian populations and mariners for many years. These public health hospitals could pick up the 15% or less of our population now having problems getting adequate medical attention. These hospitals would also serve the communities well as AIDS hospitals, trauma care centers, and high-risk obstetrics centers. Funding could be 25% by the states and 75% by the federal government. A national value added tax on most luxury items (jewels, automobiles, television sets, etc.) could be used to finance the new public health system.

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#### REFERENCE

1. Waitzkin H: Why it's time for a national health program in the United States. *West J Med* 1989 Jan; 150:101-107

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TO THE EDITOR: The article in the January issue entitled "Why It's Time for a National Health Program in the United States" was most interesting.<sup>1</sup> I am a volunteer attending physician in the Allergy and Immunology Clinic at the University of California, Irvine. In this capacity I am exposed to the same group of patients who have inspired Dr Waitzkin to conclude that we need a national health program.

Most of the patients that I see are refugees from Central and South America and from Southeast Asia. They have risked life and limb to get to this country in search of freedom. I suspect that they would not choose to go home even if their homeland offered a national health program.

The common denominator of the countries that these people are fleeing is "a precapitalistic mercantilism in which a small elite controls a legal system designed to reinforce the privileges of that elite." The preceding quote is from an article in *Forbes*, January 23, 1989, p 80. This article, "The Right Path," reviews a book by Hernando DeSoto entitled *The Other Path*. Mr DeSoto's prescription for the ills of these countries is less government involvement in its citizens' lives. Dr Waitzkin's prescription would take us down the same path that has led to disaster in most of the rest of the world.

I agree with Dr Waitzkin that something must be done to

help people who cannot afford basic medical care in this country. I have two proposals to that end.

I propose that the "good samaritan" laws be expanded so that any physician or institution providing free care be held immune from legal liability. Most physicians would be willing to provide a certain amount of free care if not for the legal liability that comes with it. I suspect that the poor would find this solution acceptable. Lawyers and politicians would not.

I would also suggest that if immunity from malpractice were not enough to encourage physicians and institutions to care for the impoverished, then reimbursement should be made by tax credits rather than by cash. Administering such a program would consume less government revenue than the huge bureaucracy that would be required by a national health program.

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TO THE EDITOR: My compliments to Dr Waitzkin for his commentary, "Why It's Time for a National Health Program in the United States," in the January issue.<sup>1</sup> It seems incredible to me that a country such as ours has been unable or unwilling to establish a functional health program to date. The medical profession must accept a large share of the responsibility for this situation. We have consistently focused on our personal agenda at the expense of a proper leadership role. From the early 1900s organized medicine has opposed federal and state sponsorship of health insurance plans, including funding of maternal and child care programs, because of perceived threats to the prerogatives of the individual practitioner.<sup>2</sup>

It is difficult to say that we have accepted the principle of universal entitlement to basic health care. Issues such as patient dumping and anti-dumping laws certainly argue against it. In my personal practice of emergency medicine, I see patients frequently who cannot be guaranteed proper follow-up by the private or public sector because of financial constraints and overburdened public facilities.

It is time for us, as a profession, to subordinate our special interests and accept the responsibility for developing a uniform national policy consistent with the best interests of patient care in a society with finite resources.

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1. Waitzkin H: Why it's time for a national health program in the United States. *West J Med* 1989 Jan; 150:101-107
2. Musto D: *The American Disease*. New York, Oxford University Press, 1987, p 57

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TO THE EDITOR: The article by Dr Howard Waitzkin in the January issue<sup>1</sup> is both fascinating and informative.

He has not interviewed any Canadian physicians lately or he would know that in Ontario the nurses are about to strike, and the physicians are soon to strike for the second time in four years.

In British Columbia the hospital staff is closed—no new surgeon or cardiologist unless someone dies or moves away. A physician's billing number identifies the location of the